

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of	Case Number:
AN APPEARANCE IS HEREBY FILED BY T	THE UNDERSIGNED AS ATTORNEY FOR:
NAME (Type or print)	
SIGNATURE (Use electronic signature if the appearance s/	e form is filed electronically)
FIRM	
STREET ADDRESS	
CITY/STATE/ZIP	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
ARE YOU ACTING AS LEAD COUNSEL IN THIS CA	ASE? YES NO
ARE YOU ACTING AS LOCAL COUNSEL IN THIS (CASE? YES NO
ARE YOU A MEMBER OF THIS COURT'S TRIAL B.	AR? YES NO
IF THIS CASE REACHES TRIAL, WILL YOU ACT A	S THE TRIAL ATTORNEY? YES NO
IF THIS IS A CRIMINAL CASE, CHECK THE BOX E	BELOW THAT DESCRIBES YOUR STATUS.

APPOINTED COUNSEL

RETAINED COUNSEL

CERTIFICATE OF SERVICE

I, David M. Schultz, an attorney, certify that I shall cause to be served a copy of the **Appearance Form for David M. Schultz** upon the following individual(s), by deposit in the U.S. mail box at 222 North LaSalle Street, Chicago, Illinois 60601, postage prepaid, before the hour of 4:00 p.m., messenger delivery, Federal Express, facsimile transmitted from (312) 704-3001, or electronically via the Case Management/Electronic Case Filing System ("ECF") as indicated, this 11th day of February, 2008.

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s/ David M. Schultz
One of Its Attorneys

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